

## CMA provisional decision report

### Response from RCVS Knowledge, November 2025

1. RCVS Knowledge is the charity that empowers and supports veterinary teams to provide quality animal healthcare. Among our activities, we provide practical support and tools to veterinary teams to help them deliver evidence-based veterinary care, we translate and disseminate the latest research from across the globe, and we champion improvements that advance the quality of veterinary care for the benefit of animals, the public and society.
2. As an independent charity, we are a distinct legal entity to the Royal College of Veterinary Surgeons (RCVS), with our own leadership and governance.
3. We welcome the opportunity to comment on the CMA's provisional decision response. We are focusing our response on areas where we have previously provided input to the CMA investigation through written responses and meetings, namely around contextualised care, and the measurement of quality.
4. The CMA provisional findings and provisional decision report both reference RCVS Knowledge research on contextualised care, with the latter including redacted excerpts from initial findings shared with the CMA in confidence over the summer. Our full research findings, drawing on insights from more than 1,000 veterinary team members and pet owners, were published on 6 November 2025. The methodology, findings, conclusions and recommendations of the research are presented in the report *How to achieve contextualised care: insights from the veterinary sector and pet owners*, and the recommendations are highlighted in *Contextualised care: a roadmap*. Both documents are available at [www.rcvsknowledge.org/cc-report](http://www.rcvsknowledge.org/cc-report).
5. We are pleased to see the CMA state that “high-quality contextualised care is consistent with our view of a well-functioning market”.<sup>1</sup> Our research found a groundswell of support for a contextualised approach to care, with the vast majority of veterinary professionals and pet owners in our sample agreeing that contextualised care can increase trust between vet teams and pet owners and improve quality of care. The recommendations emerging from our research span five areas: professional leadership, veterinary education, practice

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<sup>1</sup> [https://assets.publishing.service.gov.uk/media/69020088e6e3290939a1dodd/Provisional\\_Findings\\_Part\\_A\\_29\\_October\\_2025\\_2\\_.pdf](https://assets.publishing.service.gov.uk/media/69020088e6e3290939a1dodd/Provisional_Findings_Part_A_29_October_2025_2_.pdf), October 2025, p.159

support, evidence and research, and pet owner empowerment.<sup>2</sup> While many of the recommendations are broader than the scope of the CMA investigation, there are a number of recommendations that align with remedies being put forward, as highlighted below.

6. Our research findings align with findings from CMA research that pet owners would like more transparency about costs, including the costs of follow-up care. Only 63% of pet owners in our research felt fully informed of costs before making treatment decisions.<sup>3</sup> Remedy 2b (the requirement for veterinary practices to publish clear, standardised price lists), and Remedy 5a (the requirement for written estimates above a certain cost threshold) seem to be a reasonable way to help address this issue. We will leave it to others working in practice to provide detailed feedback on the level of threshold for written estimates, and the specifics of standardised price lists. We would reiterate the point made in previous submissions to the CMA that price without an indication of quality doesn't enable consumers to assess the value of the service or the likely outcomes to make an informed choice.<sup>4</sup> Alongside price it is important where possible and relevant to show an indication of quality of care (including outcomes). We look forward to working with others across the veterinary sector to help develop and embed such quality measures over time.
7. We are supportive of Remedy 4 – that the RCVS commissions and publishes the results of a national survey of pet owners every two years. This survey would be an important source of data on pet owner perceptions of quality, which could be used to track the extent to which pet owners have been presented with a range of options, and perceive they have received care that is tailored to their circumstances. This would provide an opportunity to track progress against the consistent delivery of contextualised care across all veterinary practices treating household pets.
8. We note the CMA's provisional finding that some business practices, including key performance indicators, targets, clinical protocols and guidance, and IT systems, may put undue pressure on vets to recommend certain diagnostic tests or treatment options. This aligns with the findings of our research, which found that 11% of veterinary surgeons and 22% of registered veterinary nurses identified practice protocols and guidelines as one of the top three barriers to providing contextualised care.<sup>5</sup> We support Remedy 6 – the requirement for all veterinary businesses operating a first opinion practice to have in place written policies and processes to ensure their vet professionals are able to offer a range of

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<sup>2</sup> [Contextualised care: A roadmap](#), RCVS Knowledge, November 2025

<sup>3</sup> [How to achieve contextualised care: insights from the veterinary sector and pet owners](#), RCVS Knowledge, November 2025, p.74

<sup>4</sup> [RCVS Knowledge Remedies Working Paper response](#), May 2025

<sup>5</sup> [How to achieve contextualised care: insights from the veterinary sector and pet owners](#), RCVS Knowledge, November 2025, p.46

treatment options. We also support the provisional recommendation that new regulatory requirements for veterinary businesses should include “a requirement for veterinary businesses to ensure that the veterinary professionals whom they employ at practices have the ability to exercise clinical autonomy without inappropriate business practices, financial incentives systems, processes and procedures which may improperly impede their clinical freedom or put undue pressure on them”.<sup>6</sup>

9. We are supportive of the provisional recommendation that new regulatory requirements for veterinary businesses should include a set of requirements that ensure a baseline level of quality in terms of clinical standards at vet practices. We would urge that this includes a requirement to take part in structured quality improvement activities and involvement in national audits and registries and/or participation in research.
10. We welcome the recommendation that a voluntary accreditation scheme should “in the longer term and subject to engagement with the profession, incorporat[e] clinical elements”.<sup>7</sup> As highlighted in our previous responses to the CMA, there is scope over time for the veterinary professions to develop, standardise and gather measures of clinical quality, giving consumers better information about options available. This would give pet owners the information necessary for them to better understand the value (not just the cost) of diagnosis and treatment options. We support the provisional decision to recommend broad engagement from a range of organisations, including RCVS Knowledge, in the design of a voluntary accreditation scheme that includes measures of clinical quality, and in the immediate term in developing the current Practice Standards Scheme (PSS) as a quality signal ahead of mandatory practice regulation.<sup>8</sup> It is key that any measures of clinical outcomes or quality address the outcomes that are important to pet owners, so the involvement of animal owners in the development of measures of clinical quality will be important.

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<sup>6</sup> [Veterinary services for household pets – Provisional decision report: Part B](#), October 2025, p.248

<sup>7</sup> [Veterinary services for household pets – Provisional decision report: Part B](#), October 2025, p.254-5

<sup>8</sup> [Veterinary services for household pets – Provisional decision report: Part B](#), October 2025, p.255-6